hypoglycaemia was no higher for those ≥65 y, with one case of severe hypoglycaemia in a subject <65 y also treated with an SU. **CONCLUSION:** In summary, in this ongoing open-label extension study, 2 y of exenatide treatment demonstrated similar durable improvements in glycaemic control and weight reduction and safety profiles for those subjects ≥65 y compared to younger subjects with T2DM treated with MET and/or SU.

PDB3

A RETROSPECTIVE EVALUATION OF HBA1C GOAL ATTAINMENT AMONG VARIOUS DIABETES TREATMENT REGIMENS IN A MANAGED CARE POPULATION

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OBJECTIVES: The purpose of this study was to evaluate the relationship between various diabetes treatment regimens and 1) attainment of hemoglobin A1C (HbA1c) treatment goal, and 2) treatment costs. **METHODS:** Pharmacy, medical, and laboratory claims data from a large health plan in the Southeastern US from 1/1/2003–7/31/2006 were used. The index date was defined as the date of the last available HbA1c value, an indicator of glycemic control during the previous 90 days. The study period was defined as the 120-day period that preceded the index date. Goal was defined as an HbA1c < 7.0. Treatment regimens were categorized based on the number of diabetes-related medications: 1 oral, 2 orals, ≥3 orals, insulin, insulin plus 1 oral, insulin plus 2 orals, and insulin plus ≥3 orals. Logistic and OLS regression models were used to identify predictors of goal attainment and total treatment costs, respectively, after adjusting for potential confounding variables. **RESULTS:** A total of 18,905 patients were included in the study, of which 50.9% were at goal. The highest proportion of patients at goal was in the 1 oral group (63.1%), while insulin plus 1 oral had the lowest (22.0%). After adjusting for potential confounders, patients treated with regimens that included insulin had a higher HbA1c value than those only treated with oral medications. Those treated with insulin were less likely to be at goal compared to those treated with one oral (OR = 0.18, $p < 0.0001$). Similar results were found in other insulin treatment groups. Predictors of increased total cost included male sex, higher co-morbidity scores, and treatment with multiple oral medications compared to one oral medication. Increased compliance was associated with goal attainment ($p < 0.0001$) and lower total cost ($p < 0.004$). **CONCLUSION:** Only 50% of patients attained HbA1c goal. Increased compliance was associated with goal attainment and lower costs.

PDB4

THE EFFECTIVENESS OF DANCE THERAPY AMONG ADULT PATIENTS WITH DIABETES MELLITUS TYPE II

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OBJECTIVES: Diabetes Mellitus II is one of the fastest growing diseases in western countries. In Hungary about 5% of the population is diagnosed with DM II. Younger generations are at risk of this disease when they eat unhealthy and physical activity gains less attention in their life style. The objective of the study is to measure the effect of dance as an aerobe movement on the blood sugar level and compliance to medical therapy of adult patients with DM type II. **METHODS:** The experimental study design was used. 30 patients were selected randomly from the Diabetes Club of Baranya County Hospital. Detailed medical examination was carried out before and after the program. The movement therapy program consisted of by the patients most loved transformed dance styles based on the principles of physiotherapy and coaching theories used by Beamer (2003). Muscle strengthening and muscle mass improving techniques were used, too. The actual blood sugar level and HbA1c level were monitored during the 16 weeks program before and after the physical activity. For the statistical analysis Chi-square tests were used with SPSS 11.0. **RESULTS:** The average age was 61.5 years (Rmax:53;Rmin:75). In spite of the small sample size there is a significant change in the average blood sugar level between the first and the 16th weeks ($p < 0.001$). Due to the four-month therapy, HbA1c level and actual blood sugar level remained in the normal range. More than three days of break in the program decreases the coaching effect significantly. **CONCLUSION:** Changing the health behavior and compliance among the elder patients with DM II is difficult. A "dance" coaching program carried out with an appropriate intensity and frequency can complete the medical therapy and rehabilitation of diabetes mellitus type II effectively. The program can increase the well-being and compliance of DM II patients.

PDB5

BODY WEIGHT GAIN EXPERIENCED BY DIABETIC PATIENTS DUE TO THIAZOLIDINEDIONES (TZDS): META-ANALYSIS OF PUBLISHED RANDOMIZED SHORT-TERM CLINICAL TRIALS

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OBJECTIVES: Long-term studies of rosiglitazone (ADOPT) and pioglitazone (PROactive) have reported average weight gain of 4.8 kgs and 3.6 kgs, respectively. This study assessed weighted average gain in the body weight of type 2 diabetic patients due to the use of thiazolidinediones (TZDs) over a short duration. **METHODS:** Meta-analysis of published rosiglitazone and pioglitazone clinical trials with duration up to 52 weeks. Initially, trials with placebo as well as active comparator arms were identified through a systematic search of PubMed, EBSCO and Sci-lit databases. Each trial arm was treated as an independent observation. Wherever possible, placebo-subtracted weight change was computed for each arm of TZD trials. Exploratory regression analysis was conducted using backward elimination method to identify predictors of weighted average gain in the body weight. **RESULTS:** Overall, 43 TZD trials yielded 60 trial arms which represented 8,322 patients. Out of these, only 13 trial arms provided information sufficient to compute the placebo-subtracted weight gain. Weighted placebo-subtracted gain in the body weight due to TZDs was 3.22 ± 7.16 kg. Significant predictors (b ± SE) of placebo-subtracted weight gain (adjusted $R^2 = 0.73$) were the use of TZDs as monotherapy (1.04 ± 0.36), duration of diabetes in the treatment group in years (0.25 ± 0.06) and rosiglitazone dose of 8 mg (1.36 ± 0.26). **CONCLUSION:** Patients using TZDs recorded mean weight gain of 3.22 ± 7.16 kg during short-term placebo-controlled clinical trials. Duration of diabetes, use of TZD as monotherapy and rosiglitazone dose of 8 mg were the only significant predictors of placebo-subtracted gain in the body weight. This weight gain is highly undesirable in diabetics, due to high risk of experiencing a cardiovascular event and potential adherence problems.

PDB6

RACIAL DIFFERENCES IN HOSPITALIZATIONS ASSOCIATED WITH MEDICATION USE IN MEDICAID ENROLLEES WITH TYPE 2 DIABETES

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